

# ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

## PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

## AGENCY INFORMATION

FEDERAL PROGRAM AGENCY:		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
<b>ADDRESS:</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NATIONAL PARK SERVICE</div>		
CONTACT PERSON NAME:		TELEPHONE NUMBER: (     )
ADDITIONAL INFORMATION:		

## PAYEE/COMPANY INFORMATION

NAME:	DUNS NUMBER:	SSN NUMBER OR TAXPAYER ID NUMBER:
FACTS DEPARTMENT ID (IF A GOVERNMENT AGENCY):	FACTS BUREAU ID (IF A GOVERNMENT AGENCY):	
ADDRESS ( <u>INCLUDING COUNTY</u> ) :		
CONTACT PERSON NAME AND TITLE:	TELEPHONE NUMBER: (     )	FAX NUMBER: (     )
TYPE OF BUSINESS (i.e., Small Business, Woman-Owned, 8(a), Minority, Disadvantaged, Veteran-Owned, Service Disabled Veteran, HubZone, Large Business, Nonprofit, Education Institute, or State, Federal, Local, or Tribal Government)		
EMAIL ADDRESS FOR SOLICITATION NOTIFICATION:	ARE YOU A REGISTERED VENDOR AT THE CENTRAL CONTRACTOR REGISTRATION WEBSITE - <a href="http://www.ccr.gov">http://www.ccr.gov</a> ?	

## FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	
TELEPHONE NUMBER: (     )	
NINE DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _	
DEPOSITOR ACCOUNT TITLE:	
DEPOSIT ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	
TELEPHONE NUMBER: (     )	